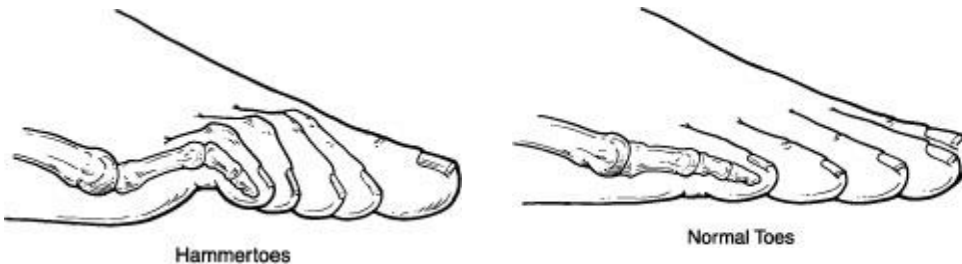


## Hammertoes

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### What is Hammertoe?

Hammertoe is a contracture—or bending—of one or both joints of the second, third, fourth, or fifth (little) toes. This abnormal bending can put pressure on the toe when

wearing shoes, causing problems to develop.

Common symptoms of hammertoes include:

- **Pain or irritation** of the affected toe when wearing shoes.
- **Corns** (a buildup of skin) on the top, side, or end the toe, or between two toes. Corns are caused by constant friction against the shoe. They may be soft or hard, depending upon their location.
- **Calluses** (another type of skin buildup) on the bottom of the toe or on the ball of the foot.

Corns and calluses can be painful and make it difficult to find a comfortable shoe. But even without corns and calluses, hammertoes can cause pain because the joint itself may become dislocated.

Hammertoes usually start out as mild deformities and get progressively worse over time. In the earlier stages, hammertoes are flexible and the symptoms can often be managed with noninvasive measures. But if left untreated, hammertoes can become more rigid and will not respond to non-surgical treatment. Corns are more likely to develop as time goes on—and corns never really go away, even after trimming. In more severe cases of hammertoe, open sores may form.

### What Causes Hammertoe?

The most common cause of hammertoe is a muscle/tendon imbalance. This imbalance, which leads to a bending of the toe, results from mechanical (structural) changes in the foot that occur over time in some people.

Hammertoes are often aggravated by shoes that don't fit properly—for example, shoes that crowd the toes. And in some cases, ill-fitting shoes can actually cause the contracture that

defines hammertoe. For example, a hammertoe may develop if a toe is too long and is forced into a cramped position when a tight shoe is worn. Occasionally, hammertoe is caused by some kind of trauma, such as a previously broken toe. In some people, hammertoes are inherited.

### **Treatment: Non-Surgical Approaches**

There are a variety of treatment options for hammertoe. A number of non-surgical measures can be undertaken:

- **Trimming and padding corns and calluses.** This should be done by a healthcare professional. Never attempt to do this yourself, because you run the risk of cuts. Over-the-counter pads are helpful but avoid the *medicated* types. Medicated pads are not recommended because they may contain a small amount of acid that can be harmful.
- **Changes in shoe wear.** Avoid shoes with pointed toes, shoes that are too short, or shoes with high heels—conditions that can force your toe against the front of the shoe. Instead, choose comfortable shoes with a deep, roomy toe box and heels no higher than two inches.
- **Orthotic devices.** A custom orthotic device placed in your shoe may help control the muscle/tendon imbalance.
- **Medications.** Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, are often prescribed to reduce pain and inflammation.
- **Splinting/strapping.** Splints or small straps may be applied to realign the bent toe.

### **When is Surgery Needed?**

In some cases, usually when the hammertoe has become more rigid, surgery is needed to relieve the pain and discomfort caused by the deformity. Your doctor will discuss the options and select a plan tailored to your needs. Among other concerns, he will take into consideration the type of shoes you want to wear, the number of toes involved, your activity level, your age, and the severity of the hammertoe.

The most common surgical procedure performed to correct a hammertoe is called arthroplasty. In this procedure, the surgeon removes a small section of the bone from the affected joint.

Another surgical option is arthrodesis, which is usually reserved for more rigid toes or severe cases. Arthrodesis is a procedure that involves fusing a small joint in the toe to straighten it. A pin or other small fixation device is typically used to hold the toe in position while the bones are healing.

It is possible that a patient may require other procedures, as well—especially when the hammertoe condition is severe. Some of these procedures include skin wedging (the removal of wedges of skin), tendon/muscle rebalancing or lengthening, small tendon transfers, or relocation of surrounding joints.

Often patients with hammertoe have bunions or other foot deformities corrected at the same time. The length of the recovery period will vary, depending on the procedure or procedures performed.